



Boston University Medical Campus

Office of Personnel

George T. Snowden
Director of Personnel

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(Mailing Address)

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(Location)

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July 31, 2003

Linda Mellen
PO Box 1585
Sagamore Beach, MA 02562

RE: Family and Medical Leave-Staff

Dear Linda:

This confirms that you have provided notice for a Personal Family and Medical Leave under Boston University's Family and Medical Leave Policy (the "Policy") and the Family and Medical Leave Act of 1993 (the "FMLA"). This letter is intended to give you **basic** information about some of your rights and obligations under the Policy and the FMLA.

Designation of Leave and Effect on Leave Entitlement

Under the FMLA you are entitled to up to 12 weeks of qualifying Family and Medical Leave in a 12-month period.

Pay Status During Leave

You may qualify to receive pay while on leave under the University's Sick Leave or Short-Term Disability policies. If so, you should follow the procedures under **these policies to request** paid leave. Once your sick leave is exhausted, any accrued but unused vacation and available compensatory time must be used to the extent available for the remainder of your leave.

Health and Dental Plan Coverage

During the leave you will have the opportunity to continue your health and dental plan coverage by paying the same share for such coverage as is charged to active employees. During any paid portion of your leave, the employee share will be deducted from your pay in the same manner as it is for active employees.

During any unpaid portion of your leave, the Benefits Office will contact you directly to make arrangements for you to make your regular payments to the health and dental plans. If you do not pay the required employee share within 30 days of the date that payment is due, your health and dental plan coverage will cease.

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Providing Information While on Leave

During the leave, you may be contacted periodically about your status ~~and/or about~~ your intent to return to work. You may also be required to provide medical information under certain circumstances when requested.

Conditions of Return from Leave

If you return from your Family and Medical Leave in twelve weeks or less, you will be entitled to return to the same or similar position without loss of employment benefits for which you are eligible on the date the leave commenced. If you advise the University that you do not intend to return to work (or if you fail to return to work by the expected return date), you will be considered to have resigned voluntarily from the University.

If you are granted a leave beyond the twelve week period, you shall receive every reasonable consideration by the University to return to your original position or to a position of like responsibility and pay; however, the University cannot guarantee your position at Boston University.

Please be advised that the term of your employment at Boston University and your employment rights are not extended or augmented as a result of an approved leave of absence.

Other Terms

Other terms that apply to your leave are checkmarked below:

X You have requested a Personal Leave to care for a family member with a serious health condition. Entitlement to the leave is subject to medical verification and certification of the need for your presence. Please have the health care provider of your family member complete the attached Certification of Physician or Practitioner, along with a certification of the need for your presence, and ensure that they are returned to me within 15 days from the date of this letter. Failing to have the requested documentation completed and returned in a timely manner could result in delay or denial of the leave.

If your provider of health care services is not a licensed physician, you may need to have the Certification completed by someone else. Please let me know if you have any questions about whether your provider of health care services may complete the form. In any event, you may be required to obtain a second opinion from a physician designated by the University. In some cases, a third opinion may be required. You may also be required to provide medical verification during the course of the leave.

X Provided that there is timely medical verification for the leave, the leave is scheduled to begin or already began on August 4, 2003. You are currently expected to return to work on your regular schedule on October 3, 2003. Please let me know as soon as possible if circumstances change that could affect the timing of the beginning or end of the leave.

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____ Due to the anticipated length of your Personal Medical Leave, before you return to work you will be required to provide me with a certification from your health care provider that you are able to return to work.

____ You are required to deliver to me medical verification to support the leave every 30 days. Please ensure that the health care provider updates his or her medical assessment and completes new certifications so that I receive them every 30 days during your leave.

X Provided that you receive proper medical verification (subject to the second and third opinion process set forth above) that an intermittent or reduced leave schedule is medically necessary, you will be placed on such a leave. The schedule for your leave is as follows:

August 4, 2003 through October 3, 2003
and if needed, as well as approved from October 28, 2003 through November 18, 2003.

____ You and the University have agreed to an intermittent or reduced leave schedule. The schedule for your leave is as follows:

____ Other terms:

If you should have any questions regarding Boston University's Family and Medical Leave Policy, please feel free to contact Jo Ann Walsh, Manager of Benefits, or me at 638-4610.

Sincerely,



George T. Snowden
Director of Personnel

GTS/JFRW

cc: Mail Code Coordinator with Paid Time Form
attachment

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